No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 1084

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6142

Primary Registration District No. 3008

Registrar's No. 38

4
1
2

1. PLACE OF DEATH
(a) County: Callaway
(b) City or town: Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 2 yrs 5 mo 5 d

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Adair
(c) City or town: Kirksville Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 602 S. Florence (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Myrtle Laura Unger
3. (b) If veteran, name war: ____
3. (c) Social Security No.: DK
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: C. A. Unger
6. (c) Age of husband or wife if alive: 5K years
7. Birth date of deceased: Oct (Month) 12 (Day) 1878 (Year)
8. AGE: Years 63 Months 3 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace: Boone County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
MOTHER FATHER
12. Name: Sanford Smith
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Mary Mc Alister
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Record
(b) Address: ____
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation: ____
18. (a) Signature of funeral director: W. L. Simmons
(b) Address: Kirksville Mo
19. (a) 1-30-42 (Date received local registrar) (b) Josie Moseichoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 30, year 1942, hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 1-10-, 1942, to 1-30, 1942, that I last saw her alive on 1-30, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Shock from shock reduction of fractured hip
Due to: Accidental Fracture of hip
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 1860 / 1
Of autopsy: ____

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Acc.
(b) Date of occurrence: Jan 10 - 1942
(c) Where did injury occur? Fulton (City or town) Callaway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hospital No 1 (Specify type of place)
While at work? No (e) Means of injury: fell on floor
23. Signature: George W. Reynolds (M. D. or other) M.D.
Address: Fulton Mo Date signed: 1-30-42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 9159

P. O. Address Kirksville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.